DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Management and Technology
DMT-115 (Rev. 2/03)

STATE OF WISCONSIN

OPERATING BUDGET

FY	BUDGET Number			Prepared By	Date
		BD		Division / Institution Approval	Date
Org. #	Organization Name			General Accounting Approval	Date
				Pre-Audit Approval	Date

Net Amount	Appropriation	Data Type **1**	**1 = NEW BUDGET**	Debit / Credit Code * Debit = 00 (-) Credit = 40 (+)

Line	Appn.	Account	Center			Amount	Debit / Credit Code*	Description	Cross Ref.	Error Message Code
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
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15										

Name Entered By	Date Entered	Total This Page (Optional)		Page of